

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 8467 1262

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 11.86

Postmark
Here

Sent To: Bobby Edwards, Neo-Tek LLC
 Street, Apt. No. or PO Box No: 10061 Hwy 22
 City, State, ZIP+4: Dresden TN 38224
 PS Form 3800, January 2001 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 8467 1255

7001 0320 0001 8467 1255

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 11.86

Postmark
Here

Sent To: Bobby Edwards
 Street, Apt. No. or PO Box No: 9930 Hwy 22
 City, State, ZIP+4: Dresden TN 38225
 PS Form 3800, January 2001 See Reverse for Instructions

RECEIVED

DEC 1 0 2001

OFFICE OF PETITIONS

EXHIBIT

3c